	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD	

Effective October 1, 2000

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN											THAN	
(Column 1) (Column 2)				mn 2)	1	TYPE			SMALL			
TOTAL CLAIMS							RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			38 min	us 20=	* 18			X\$ 9=		OR	X\$18=	324,00
INDEPENDENT CLAIMS			3 mii	nus 3 =			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT						Ì	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	1034	
CLAIMS AS AMENDED - PART II										L	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A	A N	CLAIMS REMAINING AFTER AMENDMENT	3 P	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	Minus	**	35	=		X\$ 9≈		OR	X\$18=	
	Independent	NTATION OF M	Minus	0	S CLAIM	=		X40=		QR	X80=	
L	TINOTTRESE	NIAHON OF WI	DETIFIE DEF		CLAIIVI		' [+135=		OR	+270=	
·						L	TOTAL	·	OR	TOTAL		
		(Column 1)		(Calu	O\	(Caluman 0)	P	DDIT. FEE		١٠٠٠	ADDIT. FEE	
		(Column 1) CLAIMS		(Colui		(Column 3)	1 г		4 D D I	1 1	· .)	4001
AMENDMENT B	\$ 30 A	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	! [X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┇┝		·····	Ο'n		
								+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	CLAIM		J ├			Un		
+135= OR +270=												
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE											
	The "Highest Num	ber Previously Pai	d For" (Total or	Independ	ent) is the	highest numbe	er four	nd in the app	ropriate box	in col	umn 1.	